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Bib Data Sheet

CONFIRMATION NO. 1016

SERIAL NUMBER 10/734,886	FILING DATE 12/15/2003  RULE	CLASS 239	GROUP ART UNIT 3752	ATTORNEY DOCKET NO. 4004041.0030
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\*\* CONTINUING DATA \*\*\*\*\*

Nine ✓

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

Nine ✓

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 03/22/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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## TITLE

Pump operated spraying device

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